



Emergency Information – Form D

All information provided below is confidential. Information is used only in case of emergency.

Participant Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Date of Birth: _____

Troop Number: _____ Any food/dietary restrictions? _____

Contact Information, in case of emergency:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: (home) _____ (cell) _____ (work) _____

Email Address: _____

Relationship to Participant: _____

Personal Physician:

Name: _____

Address: _____

Telephone: _____

Health Care Plan: _____

Type of Coverage (circle one): *Individual* *Dual* *Family*

Subscriber ID #: _____

Signature: _____ Date: _____